

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
CLAIMS						*							
AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		IND.		DEP.		IND.		DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1	1	1	1	1	51	1	1	1	1	1		
2	1	1	1	1	1	52	1	1	1	1	1		
3	1	1	1	1	1	53	1	1	1	1	1		
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7	1	1	1	1	1	57	1	1	1	1	1		
8	1	1	1	1	1	58	1	1	1	1	1		
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14	1	1	1	1	1	64	1	1	1	1	1		
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17	1	1	1	1	1	67	1	1	1	1	1		
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21	1	1	1	1	1	71	1	1	1	1	1		
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36	1	1	1	1	1	86	1	1	1	1	1		
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39	1	1	1	1	1	89	1	1	1	1	1		
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42	1	1	1	1	1	92	1	1	1	1	1		
43	1	1	1	1	1	93	1	1	1	1	1		
44	1	1	1	1	1	94	1	1	1	1	1		
45	1	1	1	1	1	95	1	1	1	1	1		
46	1	1	1	1	1	96	1	1	1	1	1		
47	1	1	1	1	1	97	1	1	1	1	1		
48	1	1	1	1	1	98	1	1	1	1	1		